



# FACILITY & ICE RENTAL

## INSURANCE CERTIFICATE REQUEST

**THIS FORM IS TO BE COMPLETED FOR:**

- Ice rental for game(s), practice(s) or tournament(s)
- Meeting or other facility room for team or club meetings

**PLEASE NOTE:**

1. You must attach a copy of the rental agreement with this request.
2. Requests submitted less than 2 weeks before rental may not be processed.

**HOCKEY TEAM INFORMATION:**

Name of Team/Association/Program/League: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Fax: \_\_\_\_\_

**NAME OF FACILITY (THE THIRD PARTY) REQUESTING PROOF OF INSURANCE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Municipality: \_\_\_\_\_

**ADDITIONAL INSURED**

It is understood and agreed that the above entities are added to the policy as additional insured but only with respect to the operations of the named insured described above. This certificate applies to the members and authorized personnel of the insured while operating within the scope of their duties.

Please show facility name above as "Additional Insured"

**ACTIVITY DESCRIPTION**

Game Dates: \_\_\_\_\_

Practice Dates: \_\_\_\_\_

Tournament Dates: \_\_\_\_\_

Meeting Dates: \_\_\_\_\_

Are non-registered participants involved?  NO  YES (if yes, they are not covered by this policy)

**FOR OFFICE USE ONLY**

Date Received:	Approved By:	Signature:
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PLEASE FAX OR EMAIL TO THE OWHA OFFICE  
 Fax: (905) 282-9982 info@owha.on.ca